BEDSIDE MEDICINE FOR BEDSIDE DOCTORS

An open forum for brief discussions of the workaday problems of the bedside doctor. Suggestions for subjects for discussion invited.

PRURITUS OF THE ANUS AND VULVA

From a Proctologist's Viewpoint

M. S. Woolf, San Francisco.—Pruritus is a name only of a symptom, namely, itching. It is analogous to pain and thus might be supposed to have various origins. This symptom may actually be obscured by pain due to a superadded inflammation resulting in cracking of the skin and subsequent infection. Often this is due to scratching and not infrequently to the application of irritating drugs so that an eczematous dermatitis assumes the most important rôle. The condition will undoubtedly be recognized and be wisely treated as such, either by lotions, powders or ointments, whichever are felt suitable. When the patient is worn out by nervousness or sleeplessness, since the itching predominates at night time, hypnotics should not be withheld.

In the proctologic field three distinct groups of pruritus may be recognized. Two of them are based, respectively, on either definite constitutional or local disease. In the former we may include such conditions as diabetes, chronic rheumatic infections, gout, hypertension, and metabolic or endocrine disturbances, such as overweight, exophthalmic goiter, and perhaps senility. In the latter the causes are anal ulcer and fissure, cryptitis, fistula, and other chronic diseases causing external discharge. Even a leakage of petroleum taken as an intestinal lubricant may cause itching. Hemorrhoids, anal polyps, and hypertrophied papillae fall also into this second group since they cause an irritation within the anal canal and may give rise to that vermicular sensation which the patient interprets as worms. Parasites, of course, must be excluded in any investigation. Pruritus originating from pathology in the two groups discussed is amenable to treatment. Its pathology is known. The third group is termed idiopathic since a pruritus exists, but no cause for it can be discovered.

Whatever the origin of the pruritus, three types of skin result. First, that in which there is an unbroken surface which appears normal, or merely leathery and parchment-like. Second, that with a white, soggy, edematous and cracked surface, extensive perianal folds and sentinel piles. The change may have invaded the perineum, scrotum, and adjacent fleshy folds. The third type of skin presents an extensive and acutely inflamed edematous and fissured surface. When an eczema is present it is proper to use the current methods for its relief. All excrescent folds retaining perspired secretion which becomes rancid and irritating are to be clipped away radially from the anal orifice. This procedure will cut many nerve filaments and diminish itching. The skin being again healed, or initially, if it originally showed little or no pathology, pure phenol may be painted not into, but half an inch around the orifice. The skin will also by this means be rendered anesthetic and will exfoliate. After two or three days of soreness a new and better vascularized epidermis will have taken the place of the old, and certainly the patient will not scratch the part for many days. During healing, the patient should have frequent hot sitz-baths, followed by the application of simple boric ointment. The acute condition of the third type is treated as an acute inflammatory condition by hot baths and emollient fluid applications, such as lead and opium wash, or lime water. Later, after healing, in all cases a most careful hygiene is recommended. Baths, especially after defecation, and a suitable antiseptic powder are prescribed. A good powder is calomel, zinc oxid, and starch in the proportion of one, two, and eight, respectively.

X-rays and ionization are useful adjuncts in the treatment of pruritus. The latter requires a special apparatus, but with it I have had some success. Some proctologists use alcohol and dilute hydrochloric acid to destroy nerve endings beneath the skin, but I have had no reason to use these, as treatment according to the methods mentioned earlier has cured the majority, and relieved most. In the most inveterate and intractable forms a direct cutting of the nerves by undermining the perianal skin more certainly attains its end and is, therefore, preferable.

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From a Gynecologist's Viewpoint

George Joyce Hall, Sacramento.—Pruritus vulvae, etiologically, is divided into three large groups—local, constitutional, and nervous. In the first two it is a result of other primary factors; in the third a pathologic condition of the nerve endings. Many years have passed since it has been first so considered, and to my knowledge no better "excuse" has been formulated.

The greater number of cases seen by a gynecologist are due to purely local conditions of the external genitals and genital canal. And most of these really have less itching than burning, or small areas of acute tenderness and pain. So that, as pruritus means an itching condition, it is not proper to call these irritated vulvae with smarting, burning discomfort, cases of pruritus at all. Pruritus is a general term for itching. Its derivation does not mean pain or burning, and as most cases of cervicitis, endocervicitis, vaginitis and other allied conditions cause irritation and possibly pain and but rarely itching, I personally do not approve of classifying the results of these cases as pruritus vulvae.

Pruritus occurring secondary to diabetes, ic-

terus, or other constitutional diseases, or as a result of anal pathology, is not to be considered here.

Any itching that is caused by gonorrheal vulvitis, cervical lacerations, erosions (so called), bartholinitis, endocervicitis, endometritis, cystitis, and urethritis is, of course, relieved by properly treating the causative condition. This is only transitory in character. General cleanliness is a big help. Various mild lotions, unguents and emollients are beneficial, although occasionally there is a need of phenol, cocain and similar local anesthetics, applied externally for a short time.

There are a number of cases in the elderly patients who are beyond the menstruating age and whose genitals are all in the atrophic period who have a pruritus that requires radical measures if relief is obtainable at all.

In the menopausal age or climacterium it has been recognized that actual changes histologically take place, termed vulvitis pruriginosa. There must also be considered the entity known as kraurosis vulvae in which there is an actual atrophy of the corium which later becomes sclerotic. Whitish spots appear and a general atrophy of the genitals and vaginal lining occurs. Vaginitis senilis is often accompanied by a stubborn itching.

These latter types are relieved with difficulty. It is occasionally considered necessary by surgery to sever the nerve endings or nerve supply of the vulvae and sometimes a portion of the vaginal canal. Many sufferers are permanently relieved, although if extensive undermining is done, healing occurs very slowly and, of course, with increased and consequent contraction.

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From a Dermatologist's Viewpoint

ERNEST DWIGHT CHIPMAN, SAN FRANCISCO. Pruritus, in its strict sense, is only a symptom. Many dermatologic authors, however, employ the name to denote a disease in which primarily there are no lesional changes although various consecutive reactions may occur.

While itching may be present as a symptom in many conditions due to mechanical and chemical irritants as well as to the action of bacteria, fungi, and animal parasites, this discussion will be limited to those cases in which the pruritus has preceded and not followed the visible change in the skin about the anus or vulva.

From the pathologic viewpoint we must regard pruritus as a sensory neurosis. When medical aid is first requested, secondary changes have usually already occurred. These changes in pruritus ani may vary from the mildest type of simple excoriation to the most severe inflammatory form in which the skin shows a whitish, sodden appearance with deep folds which retain a foul-smelling secretion, together with fissures, crusts, induration, and pigmentation.

In pruritus vulvae the lesions also vary in severity from the superficial results of scratch marks to marked red, tumid and crusted reactions. The mucocutaneous tissues may exhibit extreme degrees of swelling.

There are three indications to be met: first, to relieve the symptoms; second, to restore the damaged tissues to a normal state; and third, while this is in process, to ascertain if possible the cause.

For the relief of the itching countless topical remedies have been suggested, proof sufficient that there is no specific. Perhaps the most generally useful is phenol. Bronson recommended the following: ℞—Phenolis 8, liq. potassae 4, ol. lini 30. The use of 25 per cent phenol seems heroic, but its action is so tempered by the oily vehicle that it remains short of being caustic. Moreover, used on limited areas for limited times, it is not toxic. Having prescribed this many times, I can recommend it as more often helpful than any other combination I have tried.

Various preparations of chloral, camphor, thymol, hydrocyanic acid, salicylic acid, paraesthesin, and tar are all occasionally of service. Internally aspirin will sometimes give relief.

The x-ray, while often wonderfully effective, should be used with great caution. The subject of any pruritus is prone to travel from office to office and may easily understate the amount of radiotherapy previously used, with results which might react unfavorably upon both patient and operator.

The local treatment of the tissues involved varies with the reaction. In all cases the removal of retained secretions and débris from the folds of the skin is of capital importance. This is accomplished by the use of such preparations as oronite or carbon tetrachlorid. Occasionally areas of thickening occur which appear almost verrucous. For these such keratolytics as salicylic acid or resorcin should be used, the strength and duration of application to be regulated by the degree of thickening. Fissures call for the local application of a 10 per cent solution of silver nitrate.

For areas of slight infiltration various tar preparations are often valuable. In general, 5 per cent pix liquida in zinc ointment is efficacious. Sometimes pure crude coal tar will achieve striking results. The choice of the remedy, as well as the decision as to its strength, calls for a sure therapeutic touch. In doubtful cases one seldom errs in using, until the individual tolerance is learned, such a mild formula as the tar in zinc ointment just mentioned.

It is in the search for a cause that the active coöperation of the various specialists should be invoked. The organic changes of the menopause, pregnancy, constipation, cryptitis, hemorrhoids, fissures, vesical calculi, malaria, carcinoma, tuberculosis, prostatitis, cystitis, diabetes, and nephritis are a few possible etiologic factors the grouping of which suggests plainly the need for frequent consultations between the various specialists in the successful treatment of this condition.

From a Neurologist's Viewpoint

ROBERT L. RICHARDS, SAN FRANCISCO.—Since pruritus manifests itself as a sensory nerve change, belonging in the group of paresthesias rather than hypo- or hyperesthesias, one might class pruritus superficially as a nervous disease. Indeed, success in treatment depends entirely upon how much you can relieve the sensory nerve from irritation and how much you can relieve the nerves of hypersensitivity. Even in senile and other atrophic changes involving the anus or vulvae and associated with itching there is no definite nerve distribution or gross pathology discoverable by the usual methods of investigation. Nor is there any evident change in any spinal cord center. Consequently one is thrown back upon cell changes resulting from toxic irritations, or varying amounts of blood supply. The usual classifications of pruritus ani et vulvae also suggest this classification, viz.:

1. Toxic or metabolic pruritus including diabetes, gout, uremia, jaundice, arteriosclerosis, intestinal stasis, and various foods, etc.

2. Dermatoxic pruritus including eczematous troubles, local irritant dermatitis, etc.

3. Parasitic, including itch mites, lice, fungi, etc.

4. Neurotic, meaning what remains when you have no evident general or local cause.

Quite naïvely, too, writers state that when you encounter this persistent disabling malady you really find little other than the result of scratching locally as far as 2 and 3 are concerned. Certainly the general toxic conditions under 1 do occur, in the majority of instances, without any of these pruritic manifestations. Hence, one is forced to admit in this problem, the importance of the individual nervous system both generally as to personality, and locally as to its sensitivity of nerves to certain irritants of both local and general origin. The frequent lack of success or delay in the medical treatment of pruritis ani et vulvae is easily understood when one considers the wide implications of the subject and the tendency to evade too much effort. Anesthetic and destructive agents will frequently relieve temporarily the agony of itching in such positively erogenous areas. This has led to even the subcutaneous severing of nerve endings by operative interference, but the success has been temporary. Long continued, painstaking detailed care has given much better results. Besides special measures at times such as described by the writers in this symposium it means that daily detailed care as to cleanliness, kind of toilet, clothing, and frequency of attention each day is necessary. In fact, there is no dramatic operative method in managing pruritus.

Besides all this, however, there is the need of caring for the personality disturbances rarely absent in these neurotic itchers. Before they itched, they jumped at and suffered from noises and sensations. Before they itched they showed undue fatigue, insomnia, and nervous heart action. With the itching established they will rarely, or only accidentally secure permanent relief unless these personality problems are also relieved. It is especially neurasthenic fatigued neurotics that manifest such a host of paresthesias and remarkable sensations both on the outside and the inside of the body. Cardiologists estimate their nervous heart cases as about 80 per cent of their clientele and these patients can describe heart sensations never dreamed of in any medical writing. "Tingling," "pricking," "formicating," "pressure," "squeezing," "banding," "quivering," "trembling," "gripping," "indescribable" are some of the terms used besides "itching," in describing these sensations both on the outside and the inside of the body. I have seen these cases drift from one coast to the other through the hands of good specialists and secure relief when the neurosis side was finally actually relieved. Treatment of these people requires not only rest, by relieving them of every burden that they may march more easily, but also re-educational measures, by individualization, and changing of the action pattern so that there is reasonable prospect of successful, happy, comfortable personality growth.

The X-Ray Film Hazard.—The fire hazard of x-ray films has long been known. Certain precautions have been specified by fire underwriters, and various municipalities—Minneapolis, for instance—have stringent rules for storage of x-ray films. Some municipalities have had special regulations to cover x-ray film storage and to date have adopted no satisfactory regulations. It is true that, as a fire hazard, x-ray films stored in small quantities may not be so great. There was evidence, however, in the Cleveland Clinic building that the gases evolved produced a hot flame. With their explosive possibilities and the danger of evolving lethal gases, their menace to human life is great. Possibly life insurance companies will have to be depended upon to procure proper action.

The report mentioned proposes two reasonable methods of assuring proper safeguards in the storage of films. One is the compulsory substitution of a type of film which does not possess the dangerous qualities of the nitrocellulose film commonly used. The other is the adoption by states and municipalities of stringent requirements covering storage and handling of the present films. Storage in outside buildings and well removed from other structures such as the method used at the Mayo Clinic is preferable. Where this is not feasible the regulations of the National Board of Fire Underwriters, which require outside vents, automatic sprinkler protection, and so forth, should be carried out.

The Public Health Council of New York State, acting on the recommendation of a special committee appointed by Acting Governor Lehman, has prohibited the sale and distribution of the ordinary nitrocellulose films in the state except in New York City, effective September 1, 1929. Similar action will doubtless be taken in New York City also. This means that in New York the acetate films will replace those now in use.

It has been said that the detail furnished by the acetate films is inferior. They are more expensive, owing to certain difficulties in manufacture. Certain large hospitals in the East, however, have used them exclusively for some time. It is rumored that the acetate films are likely to be made as efficient as the dangerous ones. That being the case the slight additional cost should not prevent their substitution.—*Minnesota Medicine*, August 1, 1929.